

NPM #14: Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

a) Report of 2003 Major Activities

1. HealthCheck Outreach—Population-Based Services—Children

In 2003, our major activity to promote Medicaid children receiving HealthCheck was general technical assistance. HealthCheck is Wisconsin's marketing name for the EPSDT program. It promotes an array of optimal screenings for children in order to prevent a number of health conditions. Thus, it is the most logical measure of the percentage of Medicaid-eligible children who have received a service paid by the Medicaid program.

The Title V Program has contributed to increasing the number of Medicaid-enrolled children in several ways. We continue to lend support to various conferences that support public health and managed care collaboration regarding HealthCheck outreach. The HealthCheck screening program is widely considered a proxy for preventive health, and for "getting children into the system". Thus, promotion of this key program will likely translate to greater numbers of children receiving Medicaid services in the future. From a "macro" perspective, our continuing involvement with CKF, a Robert Wood Johnson grant, facilitates this process. As more children become enrolled in Medicaid, their names are entered into "outreach lists." Medicaid managed care firms then have a financial incentive to reach these children, and render appropriate services to them.

In years prior to last year, in cooperation with the Medicaid program, we had held Medicaid-sponsored conference for three consecutive years, starting in 2000. Each year, it has drawn from 125 to more than 200 participants, mainly from LPHDs and managed care firms. Managed care firms are charged with completing a certain percentage of HealthCheck screenings in their Medicaid managed care populations, or they are subject to financial penalties. Because of these incentives, managed care firms themselves have reason to perform their own outreach to ensure that children not only are enrolled, but receive optimal care.

These conferences come amid a trend of lowered percentages of Medicaid children who are enrolled in managed care programs. In 1998, 81.2% of Medicaid children were enrolled in managed care, whereas only about 72% were enrolled to receive managed care treatment in 2002. LPHDs again, have the opportunity to offer HealthCheck screenings for this growing non-managed care population. This would potentially offer health departments another source of revenue, as well as an opportunity to assure children's health.

b) Current 2004 Activities

1. HealthCheck Outreach—Population-Based Services—Children

In 2004, we continue to monitor the HealthCheck program's performance, and provide statewide technical assistance regarding the program. Regarding the former, we continued to monitor the Medicaid contract between the state's Medicaid program and its Medicaid HMOs. The contract that began in May 2004, is an agreement between 13 HMOs, down from 18 during the advent of the statewide Medicaid managed care rollout in the mid-1990s.

Moreover, the percentage of Medicaid children receiving services has likewise declined, from 81.2% in 1998 to near 70% in 2004. This trend is likely to continue in 2004. Two relatively populous counties near the capital of Madison (Iowa and Columbia counties) have converted to a fee-for-service delivery system, which affects HealthCheck because only managed care firms have a financial incentive to perform HealthCheck. Conversely, the fee-for-service status of Iowa and Columbia presents a revenue-producing opportunity for LPHDs, which have performed HealthCheck screenings in the past.

c) 2005 Plan/Application

1. HealthCheck Outreach—Population-Based Services—Children

In 2005, we may apply for BC/BS asset conversion funds to execute a planning grant that will explore the opportunities for public health departments to serve the growing percentage of Medicaid children in fee-for-service Medicaid. Wisconsin's two Medical Schools have released their requests for proposals in spring 2004. The University of Wisconsin Medical school and the Medical College of Wisconsin will offer funding for planning grants of up to \$25,000 for one year. Such grants would fund a conference that could explore the need for HealthCheck screening in the fee-for-service environment, as well as the feasibility of LPHDs to become a major provider for such services. Prior to the advent of managed care in the Medicaid system, health departments were major providers of HealthCheck screenings, but their status became marginalized when managed care providers assumed the family Medicaid patient base.

The recent additions of Iowa and Columbia counties as Medicaid fee-for-service-only presents opportunities for these counties to apply for planning grants themselves.